PAPERWORK BURDEN DISCLOSURE NOTICE

This form may be completed by the property owner, property owner's agent, licensed land surveyor, or registered professional engineer to support a request for a Letter of Map Amendment (LOMA), Conditional Letter of Map Amendment (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional Letter of Map Revision Based on Fill (CLOMR-F) for existing or proposed, single or multiple lots/structures. In order to process your request, all information on this form must be completed in its entirety. Incomplete submissions may result in processing delays. Please check the item below that describes your request:

☐ LOMA	A letter from DHS-FEMA stating that an existing structure or parcel of land that has not been elevated by fill (natural grade) would not be inundated by the base flood.
☐ CLOMA	A letter from DHS-FEMA stating that a proposed structure that is not to be elevated by fill (natural grade) would not be inundated by the base flood if built as proposed.
☐ LOMR-F	A letter from DHS-FEMA stating that an **existing** structure or parcel of land that has been **elevated by fill** would not be inundated by the base flood.
☐ CLOMR-F	A letter from DHS-FEMA stating that a parcel of land or **proposed** structure that will be **elevated by fill** would not be inundated by the base flood if fill is placed on the parcel as proposed or the structure is built as proposed.

Fill is defined as material from any source (including the subject property) placed that raises the ground to or above the Base Flood Elevation (BFE). The common construction practice of removing unsuitable existing material (topsoil) and backfilling with select structural material is not considered the placement of fill if the practice does not alter the existing (natural grade) elevation, which is at or above the BFE. **Fill that is placed before the date of the first National Flood Insurance Program (NFIP) map showing the area in a Special Flood Hazard Area (SFHA) is considered natural grade.**

Has fill been placed on your property to raise ground that was previously below the BFE? ☐ Yes ☐ No If yes, when was fill placed? _____ / _____
month/year

Will fill be placed on your property to raise ground that is below the BFE? ☐ Yes ☐ No If yes, when will fill be placed? _____ / _____
month/year

1. Street Address of the Property (if request is for multiple structures, please attach additional sheet):

2. Legal description of Property (Lot, Block, Subdivision)(complete description as it appears in the Deed is not necessary):

3. Are you requesting that the SFHA designation be removed from (check one):

   ☐ the entire legally recorded property?
   ☐ a portion of land within the bounds of the property? (A certified metes and bounds description and map of the area to be removed, certified by a licensed land surveyor or registered professional engineer, are **required**. For the preferred format of metes and bounds descriptions, please refer to the MT-1 Form 1 Instructions.)
   ☐ structures on the property? What are the dates of construction? _____ / _____

4. Is this request for a (check one):
   ☐ single structure
   ☐ single lot
   ☐ multiple structures (How many structures are involved in your request? List the number: _____)
   ☐ multiple lots (How many lots are involved in your request? List the number: _____)

In addition to this form (MT-1 Form 1), ALL requests must include the following:

- Copy of the effective FIRM panel and/or Flood Boundary and Floodway Map (FBFM) (if applicable) on which the property location has been accurately plotted (property inadvertently located in the NFIP regulatory floodway will require Section B of MT-1 Form 3)

- Copy of the Plat Map for the property (with recordation data and stamp of the Recorder's Office)
  OR

- Copy of the property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other certified map showing the surveyed location of the property relative to local streets and watercourses

- Form 2 – Elevation Form. If the request is to remove the structure, and an Elevation Certificate has already been completed for this property, it may be submitted in lieu of Form 2. If the request is to remove the entire legally recorded property, or a portion thereof, the lowest lot elevation must be provided on Form 2.

  Please include a map scale and North arrow on all maps submitted.

For LOMR-Fs and CLOMR-Fs, the following must be submitted in addition to the items listed above:
- Form 3 – Community Acknowledgment Form

Processing Fee (see instructions for appropriate mailing address; or, visit **http://www.fema.gov/fhm/frm_fees.shtm** for the most current fee schedule)

Revised fee schedules are published periodically, but no more than once annually, as noted in the Federal Register. Please note: single/multiple lot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:

Check the fee that applies to your request:

☐ $325 (single lot/structure LOMR-F following a CLOMR-F)

☐ $425 (single lot/structure LOMR-F)

☐ $500 (single lot/structure CLOMA or CLOMR-F)

☐ $700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)

☐ $800 (multiple lot/structure LOMR-F or CLOMR-F)

Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to: National Flood Insurance Program.

All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Applicant's Name: Company:
        Please Print or Type

Mailing Address: Daytime Telephone No.:

E-Mail Address: Fax No.:
  (optional)

_____
Date   **Signature of Applicant (required)**

If you have any questions concerning DHS-FEMA policy, or the NFIP in general, please contact the FEMA Map Assistance Center toll free at 1-877-FEMA MAP (1-877-336-2627), or visit the Flood Hazard Mapping website at **http://www.fema.gov/fhm/**.

U.S. DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY **ELEVATION FORM**	*O.M.B. NO. 1660-0015* *Expires December 31, 2010*

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington D C 20472, Paperwork Reduction Project (1660-0015). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. **A DHS - FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in lieu of this form for single structure requests.**

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), including an attached deck or garage. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. In order to process your request, all information on this form must be completed in its entirety. Incomplete submissions may result in processing delays.
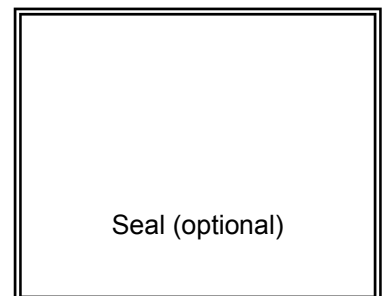
1. NFIP Community Number: _____ Property Name or Address: _____
   Map or Panel Number: _____
2. Are the elevations listed below based on ☐ existing or ☐ proposed conditions? (Check one)

3. What is the elevation datum? ☐ NGVD 29 ☐ NAVD 88 ☐ Other (explain) _____ If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?

   Local Elevation +/- ft. = FIRM Datum
4. Please provide the Latitude and Longitude of the most upstream edge of the **structure** (in decimal degrees):
   Indicate Datum: ☐ NAD83 ☐ NAD27 ___ . ___ Lat. ___ . ___ Long.
   Please provide the Latitude and Longitude of the most upstream edge of the **property** (in decimal degrees):
   Indicate Datum: ☐ NAD83 ☐ NAD27 ___ . ___ Lat. ___ . ___ Long.

5. For the existing or proposed structures listed below, what are the types of construction? (check all that apply)
   ☐ crawl space ☐ slab on grade ☐ basement/enclosure ☐ other (explain)

6. Has DHS - FEMA identified this area as subject to land subsidence or uplift? (see instructions) ☐ Yes ☐ No
   If yes, what is the date of the current releveling? ___ / ___ (month/year)

Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source	For DHS - FEMA Use Only

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Certifier's Name:	License No.:	**Expiration Date:**
Company Name:	Telephone No.:	**Fax No.:**
Signature:	Date:	

*For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description.
Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a determination will be issued for the structure only.

Seal (optional)

			Continued from Page 1.			
Lot Number	Block Number	Lowest Lot Elevation	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source	For DHS - FEMA Use Only

This certificat ion is to be signed and seal ed by a licensed land surveyor, re gistered professional engineer, or arc hitect autho rized by la w to certify elevation information. All documents submi tted in support of this request are correct to the be st of my kno wledge. I understa nd that an y false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Certifier's Name:	License No.:	Expiration Date:
Company Name:	Telephone No.:	Fax No.:
Signature:	Date:	

Seal (optional)

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Public reporting burden for this form is estimated to average 1.38 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (1660-0015). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. **The six digit NFIP community number and the subject property address must appear in the spaces provided below.** Incomplete submissions may result in processing delays.

Community Number: _____ Property Name or Address: _____

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by DHS-FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to DHS-FEMA for a possible map revision. For LOMR-F or Conditional LOMR-F requests that have the potential to impact an endangered species, documentation will be submitted to show that we have complied with Sections 9 and 10 of the Endangered Species Act (ESA). Section 9 of the ESA prohibits anyone from "taking" or harming an endangered species. If an action might harm an endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with Section 7(a)(2) of the ESA will be submitted.

Community Comments:

Community Official's Name and Title: (*Please Print or Type*)		Telephone No.:
Community Name:	Community Official's Signature: (required)	Date:

B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to DHS-FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments:

Community Official's Name and Title: (*Please Print or Type*)		Telephone No.:
Community Name:	Community Official's Signature (required):	Date:

FEDERAL EMERGENCY MANAGEMENT AGENCY
PAYMENT INFORMATION FORM

Community Name:

Project Identifier:

THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO THE ADDRESS BELOW OR FAXED TO THE FAX NUMBER BELOW.

Type of Request:

☐ MT-1 application
☐ MT-2 application
⎱ LOMC Clearinghouse
6730 Santa Barbara Court
Elkridge, MD 21075

☐ EDR application
⎱ FEMA Project Library
847 South Pickett St.
Alexandria, VA 22304
FAX (703) 212-4090

Request No.: _____   **(if known)**   **Amount:** _____

☐ INITIAL FEE* ☐ FINAL FEE ☐ FEE BALANCE** ☐ MASTER CARD ☐ VISA ☐ CHECK ☐ MONEY ORDER

*Note: Check only for EDR and/or Alluvial Fan requests (as appropriate).
Note: Check only if submitting a corrected fee for an ongoing request.

COMPLETE THIS SECTION ONLY IF PAYING BY CREDIT CARD

CARD NUMBER   EXP. DATE

☐☐☐☐ — ☐☐☐☐ — ☐☐☐☐ — ☐☐☐☐   ☐☐ — ☐☐
1 2 3 4   5 6 7 8   9 10 11 12   13 14 15 16   Month   Year

_____
Date   Signature

NAME *(AS IT APPEARS ON CARD)*: _____
(please print or type)

ADDRESS: _____
(*for your*
credit card   _____
receipt-please
print or type)

DAYTIME PHONE: _____